

**Personal Women's Health Care, S.C.**

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## Consent for Treatment of Minors

Unless certain exceptions allowed by state law apply, we must have a signed consent for treatment of a minor (under age 18) by a parent.

I, \_\_\_\_\_ hereby consent to diagnosis and treatment of my  
minor child, \_\_\_\_\_.

This consent is for \_\_\_\_\_ today's visit only

\_\_\_\_\_ number of visits: \_\_\_\_\_

\_\_\_\_\_ today's visit and any further treatment deemed necessary.

(this consent can be withdrawn at any time)

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Second Witness Signature (if phone consent)